

## **L-Service Hour Allocation of Resources (SHARe) Exceptions**

### **L-100 Overview**

OAAS has identified four (4) types of Service Hour Allocation of Resources (SHARe) exceptions for the CCW:

- 1) Institutional Risk (IR) CAP and Disabled or No Caregiver
- 2) Top of Rug Category and 14 or 15 Activities of Daily Living (ADL) Index Score
- 3) Personal Assistance Services (PAS) Conversion
- 4) Nursing Facility Transition

### **L-110 Institutional Risk (IR) CAP and Disabled or No Caregiver**

Office of Aging and Adult Services (OAAS) may grant exceptions to the Service Hour Allocation of Resources (SHARe) if the Community Choices Waiver participant may need additional services to avoid entering a nursing facility (NF).

#### **L-110.3 Procedures**

For initials, annuals, significant status changes and/or follow-ups when participants may be in jeopardy of entering a NF, the support coordinator (SC) will:

- Complete the MDS-HC assessment/reassessment. (Refer to Assessment/Reassessment Procedures).
- Develop the Plan of Care. (Refer to POC Development Procedures).

- Review the current Minimum Data Set-Home Care (MDS-HC) assessment/re-assessment and/or Plan of Care (POC) to determine:
  - If the participant triggered Institutional Risk (IR) CAP **AND**
  - If the participant has no informal support (caregivers) **OR** his/her informal support (caregiver) is disabled

**NOTE: If a family member provides both paid and unpaid support, the number of hours of natural support should be captured in Informal Supports (Section G of MDS-HC), and the paid support is captured in Service Utilization (Section P of MDS-HC).**

If the participant's re-assessment (i.e. annuals, significant status changes and/or follow-ups) **continues to meet** Institutional Risk CAP and Disabled or No Caregiver, then the SC will develop the POC based on the SHARe Exception budget that was previously approved.

SC will:

- Submit entire POC packet to SC supervisor to review.

SC supervisor will:

- Review the entire POC packet (Refer to POC Development Procedures/SC supervisor Review Procedures) and if the SC supervisor determines that the above criteria apply, then the entire POC packet will be sent to RO for further review.

**NOTE: RO will only review the packet if this is the FIRST time the participant meets the above criteria.**

RO will (First Time Review Only):

- Review POC packet and determine if the SHARe Exception should be granted for this participant and appropriate amount.
- If exception warranted, RO will send email with specifics to SC

and SC supervisor.

SC will:

- Document this exception in the notebook section of the MDS-HC face sheet.

**The notebook entry must include the following:**

- MDS-HC identifier #
- MDS-HC date and
- The following statement: "An adjustment to the plan of care (POC) has been authorized by OAAS on (INSERT INITIAL DATE of OAAS Authorization). As part of our ongoing evaluation and quality audit, we have determined that this participant's SHARe allotment must not exceed \$XX,XXX. Plan of Care (POC) will be adjusted as necessary."

**EXAMPLE of MDS-HC Face Sheet Notebook Entry:**

**MDS-HC ID#12345678/Date: 09/01/2013 - An adjustment to the plan of care (POC) has been authorized by OAAS on 10/01/2013. As part of our ongoing evaluation and quality audit, we have determined that this participant's SHARe allotment must not exceed \$39,445. Plan of Care (POC) will be adjusted as necessary.**

First Time Review Only:

- Revise the POC (flexible schedule and budget worksheet) to reflect the new budget amount for the participant.
- Submit entire POC packet to SC supervisor for approval (Refer to POC Development Procedures/SC Supervisor Review Procedures).

**NOTE: When SC Agency submits appropriate POC pages to Data Management Contractor, SHARe Exception approval email must also be sent.**

## **L-120 Top of RUG Category and 14 or 15 Activities of Daily Living (ADL) Index Score**

Office of Aging and Adult Services (OAAS) may grant exceptions to the Service Hour Allocation of Resources (SHARe) based on regional office (RO) and/or state office (S.O.) review for those Community Choices Waiver (CCW) participants that are at the top of a RUG category AND his/her ADL Index Score is a 14 or 15 to avoid those individuals entering a NF.

### **L-120.3 Procedures**

For initials, annuals, significant status changes and/or follow-ups the support coordinator (SC) will:

- Complete the MDS-HC assessment/re-assessment. (Refer to Assessment/Re-assessment Procedures).
- Develop the Plan of Care. (Refer to POC Development Procedures).

**NOTE:** If this is the first time reviewing for Top of Rug Category AND 14 or 15 ADL Index Score for the participant, the flexible schedule and budget worksheet should NOT exceed the maximum SHARe allocation for the participant's RUG Score.

If the participant's reassessment (i.e. annuals, significant status changes and/or follow-ups) continues to meet Top of Rug Category AND has a 14 or 15 ADL Index Score, then the SC will develop the POC based on the SHARe Exception budget that was previously approved.

- Review the participant's RUG Score and ADL Index Score.
- Submit entire POC packet to SC supervisor to review.

If the individual is at the top of a RUG category AND his/her ADL Index Score is a 14 or 15, the SC can make recommendations to the SC supervisor to request an exception to the SHARe allocation for the individual's RUG Score.

SC supervisor will:

- Review the entire POC packet (Refer to POC Development Procedures/SC Supervisor Review Procedures) and if he/she determines that the above criteria apply, then the entire POC packet will be sent to RO for further review.

RO will only review the packet if this is the FIRST time the participant meets the above criteria.

RO will (First Time Review Only):

- Review POC packet and determine if the SHARe Exception should be granted for this participant and appropriate amount.
- If exception warranted, RO will send email with specifics to SC and SC supervisor.

SC will:

- Document this exception in the notebook section of the MDS-HC face sheet. The notebook entry must include the following:
  - MDS-HC identifier #
  - MDS-HC date
  - The following statement: "An adjustment to the plan of care (POC) has been authorized by OAAS on (INSERT INITIAL DATE of OAAS Authorization). As part of our ongoing evaluation and quality audit, we have determined that this participant's SHARe allotment must not exceed \$XX,XXX. Plan of Care (POC) will be adjusted as necessary."

**EXAMPLE of MDS-HC Face Sheet Notebook Entry:**

**MDS-HC ID#12345678/Date: 09/01/2013 - An adjustment to the plan of care (POC) has been authorized by OAAS on 10/01/2013. As part of our ongoing evaluation and quality audit, we have determined that this participant's SHARe allotment must not exceed \$39,445. Plan of Care (POC) will be adjusted as necessary.**

**First Time Review Only:**

- Revise the POC (flexible schedule and budget worksheet) to reflect the new budget amount for the participant.
- Submit entire POC packet to SC supervisor for approval (Refer to POC Procedures/SC Supervisor Review Procedures).

**NOTE: When SC Agency submits appropriate POC pages to DMC, SHARe Exception approval email must also be sent.**

## **L-130 Personal Assistance Services (PAS) Conversion**

In July 2010, the Office of Aging and Adult Services (OAAS) created Personal Assistance Services (PAS) and ceased Companion Services in the Elderly and Disabled Adult (EDA) Waiver program. At that time, OAAS combined the total number of Companion Services and Long Term-Personal Care Services (LT-PCS) hours to create the participant's new total hours for Personal Assistance Services (PAS), even if the amount exceeded the maximum annual SHARe allocation for his/her RUG score OR the maximum SHARe allocation in effect at that time.

If the participant's RUG Score changes, but the participant's functional needs have stayed the same or worsened (i.e. ADL Index Score is higher) AND both RUG categories have the same maximum budget allocation, then the participant should receive the **same number of PAS hours as the previous year**, even if the budget is over the annual SHARe allocation.

**EXAMPLES of PAS Conversions:**

**Participant's 2009-2010 CCW Plan of Care (POC) was approved for 20 hours of Companion Services and 10 hours of Long Term-Personal Care Services (LT-PCS). Since his RUG Score remained the same and there were no significant changes, his 2010-2011 POC was approved for 30 hours of PAS (even though his budget amount exceeded the maximum annual SHARe allocation for his RUG score).**

**If the participant had a RUG Score of 7.41 & 13 ADL Index Score for the last assessment but his/her current reassessment shows RUG Score 4.31 & 13 ADL Index Score, then the number of previous PAS hours should stay the same (even though the budget exceeds the annual SHARe allocation).**

### **L-130.3 Procedures**

For annuals, significant status changes and/or follow-ups that were previously approved by OAAS for a SHARe exception for a PAS Conversion, the support coordinator (SC) will:

- Complete the MDS-HC assessment/reassessment. (Refer to Assessment/Re-assessment Procedures).
- Review the participant's RUG Score and determine:
  - If the participant's SHARe RUG Score remains the same as the previous MDS-HC assessment OR
  - If the participant's RUG Score changes, but the participant's functional needs have stayed the same or worsened (i.e. ADL Index Score is higher) AND both RUG categories have the same maximum budget allocation AND the participant wants the same number of PAS hours as last year (# of hours 1<sup>st</sup> approved during PAS Conversion)
  - NONE of the following is applicable:

- The reassessment indicates that the participant's functioning level has significantly improved, **OR**
- The participant has requested fewer PAS hours/services.
- The participant's level of informal, natural, or other community supports has significantly increased.

SC will:

- Develop the new POC based on the **same** number of PAS hours previously approved, even if the amount exceeds the maximum annual SHARe allocation for his/her RUG score **OR** the current maximum SHARe allocation.

**NOTE: If the participant wants to reduce number of PAS hours and receive other CCW services, he/she is no longer approved for PAS Conversion. The POC must not exceed the annual SHARe allocation for his/her RUG group.**

- Document this exception in the MDS-HC face sheet notebook. The notebook entry shall include the following:
  - MDS-HC identifier #
  - MDS-HC date
  - The following statement: "An adjustment to the plan of care (POC) has been authorized by OAAS on (INSERT INTIAL DATE of OAAS Authorization). As part of our ongoing evaluation and quality audit, we have determined that this participant's SHARe allotment must not exceed \$XX,XXX/XX hours of PAS per week. Plan of Care (POC) will be adjusted as necessary."

**EXAMPLE of MDS-HC Face Sheet Notebook Entry:**

**MDS-HC ID#12345678/Date: 07/11/2013 - An adjustment to the plan of care (POC) has been authorized by OAAS on 07/11/2013. As part of our ongoing evaluation and quality audit, we have determined that this participant's SHARe allotment must not exceed 40 hours of PAS per week. Plan of Care (POC) will be adjusted as necessary.**

If re-assessment indicates improvement (including increases in informal, natural or other community supports) OR participant requests fewer PAS hours/services, the SC will:

- Develop the POC based on the new MDS-HC re-assessment.
- Submit entire POC packet to SC Supervisor to review.

SC Supervisor will:

- Review the entire POC packet (Refer to POC Procedures/SC Supervisor Review Procedures).

**NOTE: When SCA submits appropriate POC pages to DMC, copy of MDS-HC Face Sheet Notebook must also be sent.**

## **L-140 Nursing Facility Transition**

The Office of Aging and Adult Services (OAAS) may grant a **one-time** SHARe exception to allow a CCW participant to transition from a NF to the community where it is determined:

- that the Service Hour Allocation of Resources (SHARe) allotment is not sufficient to cover the costs of certain **non-recurring** services during the first 365 calendar days from the date the participant transitions from the nursing facility. These waiver services include Environmental Accessibility Adaptations (EAAs), Assistive Technology and Medical Supplies, Nursing Evaluations, Housing Transition or Crisis Intervention Services, and all Skilled Maintenance Therapy (SMT) Evaluations.

- Participant is enrolled in My Place Louisiana (MFP).

Where this criteria is met, OAAS may grant a **one-time** SHARe exception to cover only the services identified above for the participant to successfully transition into the community.

### L-140.3 Procedures

SC will:

- Perform all steps necessary to determine the cost of the total POC including both non-recurring and recurring services needed;
- Determine if the participant's SHARe allotment is sufficient to support successful transition without compromising the participant's health and welfare;
- Submit to RO a request for the **one-time** SHARe exception with all necessary documentation, if needed
  - The SC's request will include:
    - Participant's first and last name;
    - Last 4 digits of the participant's Social Security Number;
    - Date that the participant transitioned from the nursing facility (if applicable);
    - Date of the last MDS-HC; and
    - Explanation as to why the one-time SHARe exception is needed.

**NOTE: The request must be made prior to requesting MFP (Money Follows the Person/My Place) funds.**

- Be available to respond to the RO questions, and or need for more information, as applicable.

- Send the Money Follows the Person (MFP) Transition Coordinator (TC) a copy of the participant's POC (if requested and needed by the MFP TC).

MFP TC will:

- Prepare recommendation and send it to the SC and RO.
- Be available to respond to the RO questions, and or need for more information as applicable.

RO will:

- Submit the **one-time** SHARe exception request to the Service Review Panel (SRP) with the following documents:
  - SRP Referral form;
  - MFP TC's written recommendation;
  - POC Budget Worksheet;
  - EAA bids (if applicable);
  - Documentation of non-recurring equipment, medical supplies, etc. (if applicable); and
  - Nurse/SMT service recommendations (if applicable)
- Be available to respond to the SRP's follow up questions or need for more information, as applicable;
- Respond to the SC regarding the SRP's final outcome/decision regarding the request.

SRP will:

- Review all submitted documentation on a case-by-case basis in order to determine if the participant's circumstances warrant the **one-time** SHARe exception;

- Make a final determination based on the documentation/information presented;
- Communicate the final SRP's decision to the RO in accordance with established SRP procedures.

Upon final notification of the SRP decision to approve the exception, the SC will:

- Make the following entry in the MDS-HC Face Sheet Notebook: MDS-HC ID#\_\_\_\_\_/Date: \_\_\_\_\_ - An adjustment to the plan of care (POC) has been authorized by OAAS on \_\_date\_\_. As part of our ongoing evaluation and quality audit, it has been determined that this participant has met the criteria to receive the **one-time** NF Transition exception for their SHARe allocation to be increased by \$\_\_\_\_\_ (include the costs of needed non-recurring services during the first 365 calendar days post transitioning from the NF)."
- Revise the POC, Flexible Schedule and Budget to reflect the amount needed to cover the one-time SHARe exception.

**NOTE: If EAA services are requested, the cost of the EAA Assessor Basic and Complex Assessments AND the EAA Administrative fees, if any, will NOT be included in the total SHARe exception amount (i.e. amount of the approved one-time SHARe exception).**

- Submit entire POC packet to the SC Supervisor for approval (Refer to POC Development Meetings Procedures/SC Supervisor Review Procedures).
- Send SHARe Exception approval e-mail to Data Management Contractor (DMC) with packet).

**NOTE: When SCA submits appropriate POC pages to DMC, SHARe Exception approval email must also be sent.**

**Payment for these services MUST occur after the participant transitions out of the nursing facility.**